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PROFIT CORPORATION ANNUAL REPORT

1997

ST. PETERSBURG FL 33701



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049551 (2)

SHEILA M. LOVE, M.D., P.A.

Principal Place of Business Mailing Address
880 - 6TH STREET SOUTH, STE. 310 880 - 6TH STREET SOUTH, \$1

880 - 6TH STREET SOUTH, STE. 310 ST. PETERSBURG FL 33701-4824

FILED May 16 1997 8:00am Secretary of State



								3	 Date Incorpora 07/01/1994 	ateo or Qualified		1/1 9 8	ist Report 6	
2. Principal f	Piace of Busin	iess	2a, M	ailing Address			· · · · · · · · · · · · · · · · · · ·	4.	. FEI Number				Applied For	
21			26	26				59-3259023					Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.7	75 Additional	
22			27					5	. Certificate of S	Status Desired		Fe	e Required	
City & Sta	te			ty & State				6.	. Election Camp	aign Financing			. 00 May Be	
23			28						Trust Fund Co	ntribution		Add	ded to Fees	
Zip		Country	Zı	р	Cour	ntry		В	. This corporation	on has liability for	intangible	tax und	ler s. 199.032,	
24		25	29		30				Florida Statute	s	Yes [] No		
	9, Name	and Address of Cui	rent Register	ed Agent				10	, Name and Ac	idress of New R	egistered A	gent		
MIL	LER, RANDI	ELL				81	Name							
HINES & ASSOCIATES, P.A.						82 Street Add			dress (P.O. Box Number is Not Acceptable)					
315 S. HYDE PARK AVE.						62	Street A	Raaress (P.O. Box Numbi	er is Not Accepta	ibie)			
	1PA FL 336				+	63			, , , , , , , , , , , , , , , , , , ,					
IAN	MPA FL 330	vo			i									
I					Ì	64	City		***************************************			85	Zip Code	
											<u>FL</u>			
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.	1508, Florida Statut	es, the ab	ove-	named o	corporation	on submits this i	statement for the	purpose of	changi	ng its registered	
onice or ageal. It	registered ag am familiar w	ient, or both, in the Si ith, and accept the of	tate of Florida oligations of S	such change was rection 607,0505. Fi	autnorized orida Stati	ı by ı utes.	tue corbx	coration s	poard of directo	ors, i nereby acce	apt the app	omumer	it as registered	
-	GITT TON THINGS	ior, and accept the of	ongunona or, o		ondo otati									
SIGNATURI	Slonature types	for printed name of registeres	d agent and title d a	policable (NO)	E Registered	Apen	l signature f	required whe	en reinstating)		DATE	·····		
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111131	1 10													
	I AVE CL	JEH A M						D1	ector					
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NAME STEEF LADORESS	880 - 6Th	I STREET SOUTH,	STE. 310		1.2 NA	ME	DDRESS	10 1(ector					
	880 - 6Th		STE. 310		1.2 NA 1.3 ST(1.4 C)]	ME REET A TY-ST	DDRESS	<i>D'</i> (0	ector					
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b. Edo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 gr Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E 4

813 892-4133